

RECEIVED  
CENTRAL FAX CENTER

NOV 07 2005

## FENWICK &amp; WEST LLP

Silicon Valley Center • 801 California Street • Mountain View, CA 94041  
Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

## FACSIMILE TRANSMISSION

E 2 30

CONFIDENTIAL

DATE: November 7, 2005

CLIENT-MATTER No.: 23029-05797

## TO:

NAME	FAX NO.	PHONE NO.
USPTO	571-273-8300	

FROM: Sabra-Anne R. Truesdale PHONE: (650) 335-7187

SENT BY: Dana Chevalier PHONE: (650) 943-5363

NUMBER OF PAGES WITH COVER PAGE: 19 ORIGINAL WILL NOT FOLLOW

## MESSAGE:

Please see attached.

## CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,  
PLEASE CALL DANA CHEVALIER AT (650) 943-5363 AS SOON AS POSSIBLE.

A1000/00103/DOCS/1403268.1

RECEIVED  
CENTRAL FAX CENTER

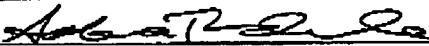
NOV 07 2005

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number <b>09/825,604</b>
		Filing Date <b>April 3, 2001</b>
		First Named Inventor <b>Anthony Aquila</b>
		Group Art Unit Number <b>3626</b>
		Examiner Name <b>Christopher L. Gilligan</b>
Total Number of Pages in This Submission <b>18</b>		Attorney Docket Number <b>23029-05797 (22606-05797)</b>

**ENCLOSURES (check all that apply)**

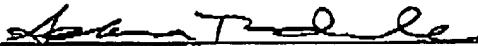
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form (in duplicate) <table border="0"> <tr><td><input type="checkbox"/> Check Enclosed</td></tr> </table>                                  | <input type="checkbox"/> Check Enclosed  | <input type="checkbox"/> Issue Fee Transmittal                  |
| <input type="checkbox"/> Check Enclosed   |  |   |
| <input type="checkbox"/> Return Receipt Postcard  | <input type="checkbox"/> Letter to Chief Draftsperson                                      |   |
| <input type="checkbox"/> Response to Notice to File Missing Parts   | <input type="checkbox"/> Formal Drawing(s):  |   |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet   | <input type="checkbox"/> [ ] Sheet(s) of Figure(s) [ ]                                     |   |
| <input type="checkbox"/> Declaration  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |   |
| <input type="checkbox"/> Power of Attorney  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |   |
| <input type="checkbox"/> Application Data Sheet   | <input type="checkbox"/> Certified Copy of Priority Document(s)                            |   |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <table border="0"> <tr><td><input type="checkbox"/> Copies of IDS Cited References</td></tr> </table>        | <input type="checkbox"/> Copies of IDS Cited References                                    | <input type="checkbox"/> Alter Allowance Communication to Group |
| <input type="checkbox"/> Copies of IDS Cited References   |  |   |
| <input type="checkbox"/> Request for Corrected Filing Receipt   | <input type="checkbox"/>   |   |
| <input type="checkbox"/> Request for Correction of Recorded Assignment  | <input type="checkbox"/>   |   |
| <input checked="" type="checkbox"/> Amendment/Response to Restriction Requirement:<br>17 Page(s) <table border="0"> <tr><td><input type="checkbox"/> After Final</td></tr> </table> | <input type="checkbox"/> After Final   | <input type="checkbox"/>  |
| <input type="checkbox"/> After Final  |  |   |
| <input type="checkbox"/> Status Request   | <input type="checkbox"/>   |   |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney  | <input type="checkbox"/>   |   |

**REMARKS:****SIGNATURE OF ATTORNEY OR AGENT**

Signature:		
Attorney/Reg. No.:	Sabra-Anne R. Truesdale, Reg. No. 55,687	Dated: 11-7-05

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.

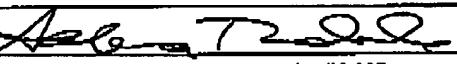
Signature:		
Typed or Printed Name:	Sabra-Anne R. Truesdale	Dated: 11-7-05
Facsimile Number:	571-273-8300	

RECEIVED  
CENTRAL FAX CENTER

NOV 07 2005

IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Anthony Aquila, et al.  
APPLICATION SERIAL NO.: 09/825,604  
FILING DATE: April 3, 2001  
TITLE: System and Method of Administering, Tracking  
and Managing of Claims Processing  
EXAMINER: Christopher L. Gilligan  
GROUP ART UNIT: 3626  
ATTY. DKT. NO.: 23029-05797 (22606-05797)

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Sabra-Anne R. Truesdale, Reg. No. 55,687	Dated:	11-7-05
Facsimile Number:	571-273-8300		

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the office action mailed October 7, 2005, please amend the above-referenced application as indicated herein.